



If you would like to make a reservation please fill in and send the registration form to travel@oktravel.mk

Credit Card Authorization Form CARDHOLDER INFORMATION

Name:

Billing Street Address:

Street Address (cont.):

City:

State:

Postal Code:

Country:

Email:

Address:

Direct Telephone:

Arrival:

Departure

CREDIT CARD INFORMATION

Credit Card Type: MasterCard Visa

Number:

Expiration Month: Expiration Year:

Security Code: CVV/CCV2

Amount to charge:

Cardholder Signature X

Date

I authorized **Travel Agency OK Travel** to charge the agreed amount listed above to my credit card provided herein.

All information will remain confidential

For more information, updates and useful links, please visit the website
<http://acibademsistina.mk/gursskopje2017/>